NEW FEE OR CHANGE IN AMOUNT OF FEE REQUEST

TITLE OF FEE	CURRENT AMOUNT	PROPOSED AMOUNT	PERCENT OF CHANGE	PROJECTED ANNUAL REVENUE INCREASE	PROPOSED EFFECTIVE DATE	PRIOR TWO REVISIONS OF FEE
For conference/workshop/seminar requests If not, you will need to contact the University &				s at 901.678.5097 to coord	dinate payments.	Yes No No
Provide explanation for the establishment of estimate revenue and list of expenses. If req						uest a budget of
REFUND POLICY						
FOAPAL						
If requesting a new FOAPAL, leave below blank not be assessed until you are notified of approv		ts will be processed by A	Accounting after fee/budg	get is approved. New or R	evised Fee may	
not so accepted and you are notified of approx						
FUND OI	RGN	ACCT	PROG	AC	TV	LOCN
REQUEST FOR APPROVAL						
11202011011/11101/12						
NAME OF REQUESTER (please print)		SIGNATU	RE			DATE
DEPARTMENT			DDRESS			PHONE
DEAN/DIRECTOR NAME		SIGNATU	RE			DATE
VICE PRESIDENT/PROVOST		SIGNATU	RE			DATE
REVIEWED BY						
SIGNATURE						DATE
RECOMMEND APPROVAL/APPROV	ED					
USBS DESIGNEE						DATE
CHIEF FINANCIAL OFFICER						DATE
APPROVED □ APPROVED TO BE SUBMITTED TO THE BOARD □						
PRESIDENT						DATE